

#### Office of Emergency Management

William R. Turner, Director

#### **MEMORANDUM**

**To:** Campbell County Police Departments Campbell County Detention Center Campbell County Sheriff Department

From: William R. Turner, Director

Date: Friday, April 3, 2020

Re: PPE Order/Pickup Schedule

In order for our office to keep up with the demand of PPE request we are starting to fill orders once per week. Starting Monday, April 6, 2020 your agency can request PPE (Via the 213 Form) for what your agency will need for the next week. *Since we do not know when our next PPE order will be please only order what your burn rate was the previous week.* All orders shall be submitted to <a href="mailto:eoc@campbellcountyky.gov">eoc@campbellcountyky.gov</a> by 4:00pm each Wednesday, orders will be ready for pickup every Thursday (Next Day) using the below schedule at the Campbell County Fire Training Center. If you run out of something before your next order please contact us at the above email, if it is after normal business hours or the weekend. Please have dispatch contact our on-call person to fill your order.

When filling out the 213 form please complete boxes that are highlighted on the below (page 2) example 213 form.

9:00am – Alexandria 10:45am – Highland Heights

9:15am – Bellevue 11:00am - Newport

9:30am – Campbell County 11:15am – NKU

9:45am – Campbell County Sheriff 11:30am – Southgate 10:00am – Cold Spring 11:45am - Wilder

10:15am – Dayton 12:00pm – Detention Center

10:30am - Fort Thomas

# Resource Request (ICS-213RR) Form CLICK HERE



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## ICS-213RR Example:

### RESOURCE REQUEST (ICS 213 RR), Adapted for FDA

1. lı	ncident N	lame: C	OVID-	19	•	2. Date/Time				3. Res	3. Resource Request Number:		
Г	4. Orde	der (Use additional forms when requesting different resource sources of supply.):											
	Qty. Kind Type Detailed Item Description: (Vita					al characteristics,		5. Resource Status					
	Qty.	Oty. Kind Type brand, specs, experie			, size, etc.)		Cost	Received by	Date/Time	Assigned to	Released to	Date/Time	
Requestor													
	6. Requested Delivery/Reporting Location: Pick-up @ Training Center												
	7. Suitable Substitutes and/or Suggested Sources:												
						<mark>rity:</mark> ☐ Urgent tine ☐ Low	10. Section Chief Approval:						
	11. Logistics Order Number:							12. Supplier Phone/Fax/Email:					
cs	13. Name of Supplier/POC:												
Logistics	14. Notes:												
	15. Approval Signature of Auth Logistics Rep:							16. Date/Time:					
	17. Order placed by:												
Finance	18. Reply/Comments from Finance:												
ш	19. Finance Section Signature:							20. Date/Time:					
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Updated by FDA 2/2011